

Exhibit D

DISCIPLINE A - Activities N - Nursing PT - Physical Therapy ST - Speech Therapy PH - Pharmacy OR - Other
 CODES: D - Dietary S - Social Services M - Physician's Services OT - Occupational Therapy PD - Podiatry

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	PROGRESS NOTES & COMMENTS	SIGNATURE	DISCIPLINE
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Redacted

7/13/09	1530	Call placed to Dr Pantner's office requesting swallow & ST eval & tx for cognition. Message left. Awaiting return call.		
	1530	Orders for ST rec'd		

Redacted

Resident/Patient Name	ID #	Room #	Physician
Redacted		Redacted	PauKner



PHYSICIAN ORDERS SPEECH-LANGUAGE PATHOLOGY

Name <small>Last, First, M.I.</small> Redacted		Physician Parkner	Date 7/14/09
Medical Record # Redacted	Room # De	Facility Name & Number WOMH 3131	
Order requested by (print): Dana Kipp MS-CF/SLP			

TREATMENT APPROACHES:

<input type="checkbox"/> Speech-Language Evaluation <input checked="" type="checkbox"/> Speech-Language Evaluation & Treatment of Speech, Language, Hearing <input type="checkbox"/> Treatment of Speech, Language, Hearing <input type="checkbox"/> Swallow (Dysphagia) Evaluation <input checked="" type="checkbox"/> Swallow (Dysphagia) Evaluation & Treatment <input type="checkbox"/> Swallow (Dysphagia) Treatment <input type="checkbox"/> 30 Day Part B Physician Certification/Recertification <input type="checkbox"/> Discharge Speech-Language Treatment <input type="checkbox"/> Discharge Swallow (Dysphagia) Treatment	<input type="checkbox"/> Cognitive Skills Development <input type="checkbox"/> Speech-Generating AAC Evaluation <input type="checkbox"/> Speech-Generating AAC Treatment <input type="checkbox"/> Instrumental Assessment of Swallowing (MBS) <input type="checkbox"/> Auditory Rehab Evaluation <input type="checkbox"/> Other (specify)
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DYSPHAGIA DIAGNOSIS:

<input type="checkbox"/> 438.82 Other late effects of cerebrovascular disease, Dysphagia <input type="checkbox"/> 787.20 Dysphagia, unspecified <input checked="" type="checkbox"/> 787.21 Dysphagia, oral phase <input type="checkbox"/> 787.22 Dysphagia, oropharyngeal phase	<input type="checkbox"/> 787.23 Dysphagia, pharyngeal phase <input type="checkbox"/> 787.24 Dysphagia, pharyngoesophageal phase <input type="checkbox"/> 787.29 Other dysphagia
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DIET CONSISTENCY RECOMMENDATIONS: **CONTINUE ALL THERAPEUTIC/NUTRITIONAL COMPONENTS OF THE DIET**

SOLIDS: <input type="checkbox"/> Pureed <input checked="" type="checkbox"/> Dysphagia Mechanically Altered <input type="checkbox"/> Mechanical Soft <input type="checkbox"/> Regular <input type="checkbox"/> NPO	LIQUIDS: <input checked="" type="checkbox"/> Thin <input type="checkbox"/> Nectar-Like <input type="checkbox"/> Honey-Like <input type="checkbox"/> Spoon-Thick <input type="checkbox"/> Therapeutic Feedings by SLP (describe):
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ADAPTIVE EQUIPMENT/AAC RECOMMENDATION:

Frequency: 5 Days Per Week ☒ QD (Daily) ☐ BID
 Duration (in days): 30
 Precautions:

Physician's Signature:		Date: 7/23/09	
Signature of Nurse/Therapist Receiving Order		Signature of Nurse Noting Order	
Date Order Received:	Time Order Received: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Date Order Noted:	Time Order Noted: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

Reorder From: DSSI / MED-PASS